

Positive Support for You CIC

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Inspection report

Kickstart 2, South Shields Business Works
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Positive Support For You CIC is a domiciliary care agency. It provides personal care and support to people living in their own homes. It provides a service to a range of people including those living with mental health needs and physical disabilities. At the time of inspection there were 25 people using the service and five were receiving the regulated activity of personal care.

At the last inspection the service was rated good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since May 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibilities and had a clear strategy and vision for the service in partnership with the provider's organisational vision. This was to support people to achieve their needs and wishes.

There was a robust governance framework in place which was used to monitor the quality of the service provided to people. There were monthly audits completed by the registered manager and the provider. Notifications were submitted to the Commission appropriately.

People accessing the service were supported to maintain social relationships and participate in activities that they chose. Relatives told us that staff continued to respect people's privacy and provide kind and caring support responsive to people's needs. Staff were knowledgeable about people they supported. Medicines were safely managed. Staff supported people with their medication. There was a business continuity plan in place to enable people to receive their care in emergency situations.

People had personal and environmental risk assessments in their care files, to ensure the safety of staff and people. Care plans were person-centred and people, their relatives and advocates had all been involved in their care planning and consented to the care provided. The service worked in partnership with health professionals, for example the district nursing team and positive behavioural support team, to ensure people received a high level of quality care. People were supported with their diet and to make well balanced meals. People were regularly asked for their choices for the type of support they received, for example social visits and types of personal care, and for continual feedback.

There were policies and procedures in place to keep people safe. Staffing levels reflected the needs of people. Staff were recruited safely and were provided with an in-depth induction. The registered manager continuously assessed the skills of staff and provided an on-going training programme, which was delivered

face to face or via e-learning. The service provided information to staff on best practice guidance and legislation. Staff received regular supervisions and appraisals.

There was a comprehensive complaints and compliments policy in place at the service. Relatives told us they knew how to raise a complaint. One complaint had been received at the service since our last inspection and was fully investigated and actioned by the provider. People received service user guides which included information about the service, safeguarding, information about service user interests and complaints. All information was available in easy read, pictorial and if needed in other languages.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Positive Support For You

CIC

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 27 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service provides a domiciliary care service and we had to make sure staff would be in.

Inspection site visit activity started on 27 November 2018 and ended on 06 December 2018. It included speaking to staff and relatives via telephone interviews. We visited the office location on 27 November 2018 to see the registered manager and office staff; and to review care records and policies and procedures. The inspection was carried out by one adult social care inspector. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they play to make. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events that happen within the service, which the provider is required to send to us by law.

Prior to our inspection we sought feedback from the local authority contracts monitoring and safeguarding adults' teams, and reviewed the information they provided. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services to obtain their feedback. We used the feedback gathered from these parties to inform our inspection and judgements.

During the inspection, we spoke with one person's relative who used the service and four members of staff including the registered manager and nominated individual. We reviewed the care records for one person

receiving the related activity and the recruitment records for two members of staff. We reviewed policies, procedures, audits and records relating to how the service is ran.

Is the service safe?

Our findings

Positive Support For You CIC had safeguarding policies and procedures in place to help keep people safe. This included what to do if someone was at risk of abuse, what actions staff should take and agencies that people can talk to if they see anything concerning. The service provided information to people in accessible form, about safeguarding and what to do if they had a concern. Staff had received safeguarding and whistleblowing training and were aware of what to do if they saw any form of abuse or a concern. A member of staff said, "I've never saw anything but if I did I'd tell the office." Staff knew their role in keeping people safe. Safeguarding concerns continued to be appropriately escalated to the local authority and notified to the CQC.

Accidents and incidents were recorded, investigated and clearly documented. The service carried out a trend analysis of these monthly. Lessons learnt were recorded and shared with people, relatives and staff. Risks to people continued to be reviewed regularly and there were personalised risk assessments in people's care records that staff could follow to help safely support them. When people's needs changed these risk assessments were also reviewed and, where applicable, updated to reflect a change in support needs. There was an infection control policy in place at the service and staff used personal protective equipment (PPE) whilst delivering personal care.

Medicines continued to be managed safely with staff supporting people with their medication. We checked the medicines administration records (MARs) for one person and these were correctly completed in line with the provider's medication policy. Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear instruction of how often people required additional medicines such as pain relief.

Staff had received training in medicines management and their competencies were checked every 6 months. One relative told us, "(Staff member) is fantastic and has explained why some of the medicines have changed and how they will help after hospital visits."

We reviewed the recruitment records for two members of staff and found recruitment continued to be safe. Staff had current Disclosure and Barring Service (DBS) checks in place. The DBS check a list of people who have a conviction, caution or are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. We reviewed staffing levels at the service and these reflected the assessed needs of people and were regularly reviewed when people's needs changed.

Is the service effective?

Our findings

The service continued to use best practice guidance and regularly updated staff on changes to legislation and guidance. For example, training was provided and guidance provided to staff about the Mental Capacity Act 2005 (MCA), National Institute for Clinical Excellence (NICE) guidance and Stopping over medication of people with a learning disability, autism or both (STOMP). The registered manager told us, "I always make sure all staff are aware of any changes to regulations, policies and guidance documents. It means that they always have the best knowledge to provide the best support."

Staff continued to receive regular training to make sure they had appropriate skills and knowledge to support people. All new care staff who did not have previous qualifications or experience in health and social care, received a detailed induction in line with the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective and compassionate care. All staff had received training in MCA, safeguarding, behaviours that challenge, medication administration, end of life care and learning disabilities. The registered manager continued to provide staff with regular supervisions and appraisals.

Care records detailed involvement from other health care professionals, for example physiotherapists and GPs. Outcomes from visits were recorded and any changes to people's support needs reflected guidance from these visits. People received reviews regularly to make sure that they were receiving a balanced healthy diet and we saw evidence of referrals to the dietician and speech and language team (SALT) if further support was required.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). For people who did not always have capacity to make certain decisions, mental capacity assessments and best interest decisions had been completed for their care and treatment. Records of best interest decisions showed involvement from people's relatives, GPs and staff.

Is the service caring?

Our findings

Staff working for the service continued to provide kind and caring support to people. One relative told us, "I couldn't ask for better support. There's been times that [person] has been difficult but they've stuck by all of us." A member of staff commented, "I support everyone like I would my own family. Sometimes it's hard with certain behaviours but it's rewarding."

People were encouraged to attend social activities, for example local groups, day centres and discos. The service also arranged for group days out, for example an alpaca walking day. These activities were accessible to all people using the service and supported people's social needs.

Staff were aware of relationships that were important to people and care files included an assessment on people's social and religious needs. People had a personal profile assessment which looked at people in their life, their support network, personal goals, what is important to them, what people like about them, what activities they like to do in their free time and what they are good at. People had completed these in partnership with staff and their relatives and included activities they would like to continue doing, for example, attending karaoke nights, completing jigsaws and making people laugh. Staff also completed a personal profile so that people were aware of what they liked to do and what was important to them.

People and their relatives were involved in their individual care planning and this was documented in people's records. At the time of the inspection no one was receiving support from an advocate. There was information, advice and guidance provided to people, in their service user pack, which was of benefit to people and their families. This included information on local safeguarding contact details, leaflets on learning disability support groups, advocacy services and advice on relevant topics of interest.

Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of their sex, sexual orientation, race, age, disability or religious belief. Staff continued to respect people's privacy and dignity. One relative told us, "[Staff member] always asks before she does anything."

Is the service responsive?

Our findings

The service continued to provide person-centred care to people. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. We saw reviews of care plans and regular assessments of people's needs. There were corresponding risk assessments for each care plan and mitigation measures. People's care records contained mental capacity assessments with corresponding best interest decisions.

Care files contained initial assessments for people when they first moved to the service, detailing what care they needed and how that care was to be provided. These assessments were undertaken in partnership with people, relatives and professionals. Care plans continued to be reviewed and audited regularly. People using the service consented to their individual care plans and helped to shape these, which was clearly documented.

Care files included details on how people would like to be supported with end of life care and staff had received training in the delivery of this. We saw evidence of end of life wishes documented in each person's file we reviewed. There was feedback from people around end of life care and this included, "I have written an end of life and have a funeral plan."

Daily notes continued to be recorded and staff handover information documented the support provided to each person. Daily handover sheets also detailed anything coming up, for example appointments at the GPs and behaviours that may be displayed if the person had not slept well. This helped to ensure staff had the latest information on how people wanted and needed to be supported as and when their needs changed.

There was a clearly documented process for recording and responding to complaints. One complaint had been received since our last inspection. This was fully investigated and the outcome shared with people and their relatives by the director for the service. People, relatives and staff knew how to raise a complaint if they needed to. The complaints information was available in different formats and languages to allow everyone to access this if it was needed.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the Commission since May 2015. This was in line with the requirements of the provider's registration of this service with the CQC. They were aware of their legal responsibilities and had submitted statutory notifications as and when required. A notification is information about important events which the service is required to send to the Commission by law.

The registered manager had a clear vision for the service and worked with the management and staff teams to promote the wellbeing of everyone using the service. The registered manager was present during our inspection on site. They provided us with all the information and records we required to carry out the inspection. Staff records and comments showed that they were happy with the level of support provided from the registered manager and the management team. One staff member commented, "They are only a phone call away and help with anything."

We saw evidence of regular staff meetings and we reviewed minutes from these. Staff had regular communication with the management team. The service carried out surveys of people, relatives and staff to receive feedback. This feedback was used to improve the service and help to shape the future of the service. There was evidence of continued partnership working with other agencies, to enable the service to provide the best support to meet people's needs.

There was a robust quality assurance framework in place. The registered manager continued to carry out daily, weekly and monthly audits of the service and we saw evidence of these. Any issues which were identified during these audits were actioned and documented. The provider also carried out a quality assurance audit of the service on a monthly basis to ensure there was a high level of quality care. The provider also included an annual quality update to people and involved people using the service with this.

The service had their latest CQC inspection rating on display and it was also displayed on their website. This allowed for people in receipt of care from the service, relatives, visitors, professionals and people seeking information about the service, to see our previous judgements.